

ORDER FOR SUPPLIES OR SERVICES					Form Approved		Page 1 Of 4	
1. Contract/Purch Order No.		2. Delivery Order No.		3. Date Of Order		4. Requisition/Purch Request No.		5. Certified for National Defense Under DMS Reg 1 Priority DXA5
DAAE20-99-D-0146		0002		2001MAR02		SEE SCHEDULE		
6. Issued By			Code	7. Administered By (If other than 6)			Code	8. Delivery FOB  <input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other  (See Schedule if other)
TACOM-ROCK ISLAND AMSTA-LC-CAC-B CHERYL CALLISON (309)782-4843 ROCK ISLAND IL 61299-7630  EMAIL: CALLISONC@RIA.ARMY.MIL			W52H09	DCMC ORLANDO 3555 MAGUIRE BOULEVARD ORLANDO FL 32803-3726  SCD A PAS NONE ADP PT HQ0338			S1002A	
9. Contractor			Code	Facility Code		10. Deliver To FOB Point By (Date)		11. Mark If Business Is  <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
REAL-TIME LABORATORIES INCORPORATED 990 SOUTH ROGERS CIRCLE SUITE 5 BOCARATON FL 33487-4444			62319			SEE SCHEDULE		
					12. Discount Terms			
13. Mail Invoices To						See Block 15		
14. Ship To			Code	15. Payment Will Be Made By			Code	Mark All Packages And Papers With Contract Or Order Number
SEE SCHEDULE				DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264			HQ0338	
16. T O Y R P D E E R O F	Delivery	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	Purchase		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation , Dated _____, furnish the following on terms specified herein.					
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.					
Name Of Contractor			Signature			Typed Name And Title		Date Signed
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:								
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE								
18. Item No.	19. Schedule Of Supplies/Service			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount	
	SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Service Contracts							
* If quantity accepted by the Government is sameas quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America			25. Total	\$92,595.20
				By: DAVE ELLIOTT /SIGNED/ ELLIOTT@RIA.ARMY.MIL (309)782-3814			29. Differences	
26. Quantity In Column 20 Has Been				27. Ship. No.	28. D.O. Voucher No.	30. Initials		
<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date _____ Signature Of Authorized Govt Representative				<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final				34. Check Number
36. I certify this account is correct and proper for payment						35. Bill Of Lading No.		
_____ Date _____ Signature And Title Of Certifying Officer								
37. Received At	38. Received By	39. Date Received		40. Total Containers	41. S/R Account No.	42. S/R Voucher No.		

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b>  <b>PIIN/SIIN</b> DAAE20-99-D-0146/0002 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> REAL-TIME LABORATORIES INCORPORATED		

SUPPLEMENTAL INFORMATION

- 1. DELIVERY ORDER 0002 IS FOR THE REPAIR OF 64 EACH TURRET DISTRIBUTION VALVE NSN: 4820-01-308-1858, PART NUMBER 9376467.
- 2. THE UNIT PRICE FOR THIS ORDERING PERIOD IS \$1446.80 EACH FOR A TOTAL DELIVERY ORDER PRICE OF \$92,595.20. DELIVERIES ARE AS SHOWN IN SCHEDULE B.

\*\*\* END OF NARRATIVE A 001 \*\*\*

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-99-D-0146/0002 <b>MOD/AMD</b>	<b>Page</b> 3 <b>of</b> 4
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**Name of Offeror or Contractor:** REAL-TIME LABORATORIES INCORPORATED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT								
0001	<div>SUPPLIES OR SERVICES AND PRICES/COSTS</div> <div><u>Supplies or Services and Prices/Costs</u></div> <div>SERVICES LINE ITEM</div> <div>NOUN: TURRET DISTR VALVE REPAIR SECURITY CLASS: Unclassified PRON: M110P604M1    PRON AMD: 01    ACRN: AA AMS CD: 060015JEZN</div> <div><u>Inspection and Acceptance</u> INSPECTION: Origin    ACCEPTANCE: Origin</div> <div><u>Deliveries or Performance</u><table><tr><td>DLVR SCH</td><td>PERF COMPL</td></tr><tr><td><u>REL CD</u></td><td><u>QUANTITY</u></td></tr><tr><td>001</td><td>0</td></tr><tr><td></td><td>31-JUL-2001</td></tr></table><div>\$            92,595.20</div></div>	DLVR SCH	PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	001	0		31-JUL-2001				\$ 92,595.20
DLVR SCH	PERF COMPL												
<u>REL CD</u>	<u>QUANTITY</u>												
001	0												
	31-JUL-2001												

Name of Offeror or Contractor: REAL-TIME LABORATORIES INCORPORATED

CONTRACT ADMINISTRATION DATA

										JOB					
LINE	PRON/	OBLG								ORDER	ACCOUNTING			OBLIGATED	
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION						NUMBER	STATION			AMOUNT	
0001	M110P604M1	AA	2	97	X4930AC9G	6D	2571	S11116			W52H09	\$	92,595.20		
060015JEZN															
											TOTAL	\$	92,595.20		
SERVICE										ACCOUNTING				OBLIGATED	
NAME	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION							STATION			AMOUNT		
Army	AA		97	X4930AC9G	6D	2571	S11116			W52H09	\$	92,595.20			
											TOTAL	\$	92,595.20		